

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

1 2 F E 4 M 5

ELECT DR. MCKELLAR U.S. CONGRESS

ADDRESS (number and street)

2711 STALEY

Check if different  
than previously  
reported. (ACC)

TYLER

TX

75702

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00506287

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

TX

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2016

through

M M / D D / Y Y Y Y  
09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Sok, Soeuth, , ,

Type or Print Name of Treasurer

Sok, Soeuth, , ,

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 8

Write or Type Committee Name

ELECT DR. MCKELLAR U.S. CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1305.00	49736.98
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	1305.00	49736.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1059.95	51600.50
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1059.95	51600.50
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	615.66	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	3200.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 8

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ELECT DR. MCKELLAR U.S. CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

1000.00

45416.59

**(ii) Unitemized.....**

305.00

3770.39

**(iii) TOTAL of contributions from individuals ▶**

1305.00

49186.98

**(b) Political Party Committees.....**

0.00

550.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS**

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

1305.00

49736.98

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

3200.00

**(c) TOTAL LOANS**

(add Lines 13(a) and (b)).....

0.00

3200.00

**14. OFFSETS TO OPERATING EXPENDITURES**

(Refunds, Rebates, etc.) .....

0.00

0.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.) .....

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

1305.00

52936.98

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 8

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1059.95	51600.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1059.95	51600.50

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	370.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1305.00
25. SUBTOTAL (add Line 23 and Line 24).....	1675.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1059.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	615.66

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 8

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ELECT DR. MCKELLAR U.S. CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Tevebaugh, Mary Lou, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 08 29 2016		
Mailing Address P.O. Box 3302			<b>Transaction ID : SA11AI.5931</b>		
City Longview	State TX	Zip Code 75606	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Memo Item Donation At The Office			
Name of Employer Tevebaugh Law Firm		Occupation Attorney			
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date 1000.00			
<b>B.</b> Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date			
<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C		Memo Item			
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1000.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			1000.00		

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 8

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ELECT DR. MCKELLAR U.S. CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Brookshire's**

Mailing Address 2020 Roseland Blvd

Date of Disbursement

M M	D D	Y Y Y Y
09	29	2016

City

Tyler

State

TX

Zip Code

76701

Purpose of Disbursement

Food

003

FEC Identification Number

C C00506287

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.5955

☐ Memo Item

Candidate Name

**ELECT DR. MCKELLAR U.S. CONGRESS**Category/  
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 01

Full Name (Last, First, Middle Initial)

**B. Cornerstone Building**

Mailing Address 200 North Beckham Street

Date of Disbursement

M M	D D	Y Y Y Y
08	04	2016

City

Tyler

State

TX

Zip Code

75702

Purpose of Disbursement

Rent-Headquarters

001

FEC Identification Number

C C00506287

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.5943

☐ Memo Item

Candidate Name

**ELECT DR. MCKELLAR U.S. CONGRESS**Category/  
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 01

Full Name (Last, First, Middle Initial)

**C. K B Foods**

Mailing Address 2030 N. Gentry

Date of Disbursement

M M	D D	Y Y Y Y
09	29	2016

City

Tyler

State

TX

Zip Code

75702

Purpose of Disbursement

Fuel

002

FEC Identification Number

C C00506287

Amount of Each Disbursement this Period

57.98

Transaction ID : SB17.5953

☐ Memo Item

Candidate Name

**ELECT DR. MCKELLAR U.S. CONGRESS**Category/  
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 01

**SUBTOTAL** of Disbursements This Page (optional).....▶

307.98

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 8

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**ELECT DR. MCKELLAR U.S. CONGRESS**

Full Name (Last, First, Middle Initial)

**A. KGLD Radio**

Mailing Address 2737 S. Broadway Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2016

City

Tyler

State

TX

Zip Code

75701

FEC Identification Number

C C00506287

Purpose of Disbursement  
Radio Advertisement

004

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.5942

☐ Memo Item

Candidate Name

**ELECT DR. MCKELLAR U.S. CONGRESS**Category/  
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 01

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 4329 Old Bullard rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		18		2016

City

Tyler

State

TX

Zip Code

75703

FEC Identification Number

C C00506287

Purpose of Disbursement  
Ink Cartridge

001

Amount of Each Disbursement this Period

80.09

Transaction ID : SB17.5948

☐ Memo Item

Candidate Name

**ELECT DR. MCKELLAR U.S. CONGRESS**Category/  
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 01

Full Name (Last, First, Middle Initial)

**C. Sam's Club**

Mailing Address West Loop 323

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		09		2016

City

Tyler

State

TX

Zip Code

75703

FEC Identification Number

C C00506287

Purpose of Disbursement  
Food Products

003

Amount of Each Disbursement this Period

180.16

Transaction ID : SB17.5945

☐ Memo Item

Candidate Name

**ELECT DR. MCKELLAR U.S. CONGRESS**Category/  
Type

Office Sought:

☒

House

Disbursement For: 2016

☐

Primary

☒

General

☐

Other (specify) ▼

State: TX

District: 01

**SUBTOTAL** of Disbursements This Page (optional).....▶

460.25

**TOTAL** This Period (last page this line number only).....▶

768.23

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 8 OF 8

FOR LINE NUMBER:  
(check only one)☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4192

ELECT DR. MCKELLAR U.S. CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2012

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
2711 Staley Dr

City

State

ZIP Code

Tyler

TX

75702

☐ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3200.00

0.00

3200.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 12 M /

D 01 D /

Y 2011 Y

M M /

D D /

Y 5/30/12 Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

3200.00

**TOTALS** This Period (last page in this line only).....▶

3200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.